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CONFIRMATION NO. 1638

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APPLICANTS										
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** CONTINUING	DATA	none-Al	#			•				
** FOREIGN APPLICATIONS ************************************										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/08/2004										
Foreign Priority claimed	STATE OR	SHE	SHEETS TOT		AL	INDEPENDENT				
met Verified and Acknowledged		yes on o Met after Allowance Scy A Selson Ini	er , tials	COUNTRY OH		WING 7	CLAI 14		CLAIMS 3	
ADDRESS 000027777 PHILIP S. JOHNS JOHNSON & JOH ONE JOHNSON NEW BRUNSWIG 08933-7003	HNSC & JOI	HNSON PLAZA							·	
TITLE Endoscopic mucc	osal re	esection device with ov	ertube a	nd method of ı	use					
<u> </u>	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:					All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue)				
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	Other
	☐ Credit